

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | INTRAPARIETAL REINFORCEMENT DEVICE FOR A BIOLOGICAL PROSTHESIS AND A REINFORCED BIOLOGICAL PROSTHESIS |
| Attorney Docket Number:: | 5001-1101-1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 1 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWITZERLAND
Status:: Full Capacity
Given Name:: RAYMOND
Middle Name::
Family Name:: ANDRIEU
Name Suffix::
City of Residence:: YENS
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing 7, CH. DE CHANTA-MERLOZ
Address::
City of Mailing Address:: YENS
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 1169

Applicant Authority Type:: Inventor
Primary Citizenship Country:: TURKEY/SWITZERLAND
Status:: Full Capacity
Given Name:: AFKSENDIYOS
Middle Name::
Family Name:: KALANGOS
Name Suffix::
City of Residence:: GENEVA
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing 40, ROUTE DE MALAGNOU
Address::
City of Mailing Address:: GENEVA

State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 1208

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

| | |
|-------------------------------------|-------|
| Representative Customer Number:: | 00466 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/IB04/00707 | 3/8/04 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-------------|-------------------------|---------------|-----------------------|
| SWITZERLAND | 480/03 | 3/21/03 | Yes |
| U.S.A. | 60/457,291 | 3/26/03 | Yes |

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::